



BUSINESS LICENSE APPLICATION

City of Fairmont
200 Jackson St., Fairmont WV 26554
Phone (304) 366-6211
Fax (304) 366-0228
www.fairmontwv.gov

- ☐ Renewal at same address
☐ Renewal with a new address
☐ New Business

WV / FEDERAL ID / SOLE OWNER SOCIAL SECURITY NUMBER

JOB LOCATION (REQUIRED FOR NEW CONTRACTORS)

WV CONTRACTOR'S NUMBER (COPY OF LICENSE REQUIRED)

WV STATE BUSINESS LICENSE NUMBER

ADDITIONAL BUSINESS INFORMATION

LEGAL BUSINESS NAME

DBA, DIVISION OR SUBSIDIARY NAME

CONTACT PERSON AND/OR DEPARTMENT

OWNER'S NAME (IF SOLE OWNER)

LOCAL PHONE

ALTERNATE PHONE

PHYSICAL ADDRESS (DO NOT USE PO BOX)

MAILING ADDRESS (STREET OR PO BOX)

CITY / STATE

ZIP

CITY / STATE

ZIP

MUNICIPAL LICENSE CATEGORIES AND ANNUAL FEES

Code	License Description	Price	x	Number	=	Total

TOTAL LICENSE DUE

PENALTY (if applicable)

TOTAL REMITTANCE DUE

All Payments are due by June 30. A 10% penalty will be assessed on all late payments. **Beer, Wine and/or liquor applicants must submit a copy of your 2010/2011 State of WV ABCA License.

INDIVIDUAL - PARTNER - OFFICERS

IF SOLE OWNER - LIST OWNER, IF PARTNERSHIP - LIST PARTNERS, IF ASSOCIATION/JOINT VENTURE - LIST MEMBERS, IF CORPORATION - LIST OFFICERS

NAME	ADDRESS	PHONE	SSN#
NAME	ADDRESS	PHONE	SSN#
NAME	ADDRESS	PHONE	SSN#



BUSINESS LICENSE APPLICATION (CONTINUED)

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ADDITIONAL INFORMATION

BUSINESS DESCRIPTION

Describe in detail the type of business activity, trade or profession to be conducted.

Will customers come to your business location?

☐ YES ☐ NO

Does your business contain Video Lottery Terminals?

☐ YES ☐ NO If "YES," how many? _____

If Home Occupation, will customers come to your home?

☐ YES ☐ NO

Is Your Business a (check all that apply):

☐ Bar/Nightclub ☐ Restaurant/Lounge
w/ limited food 60% of gross sales come
from food and non-alcoholic

Do you sell (check all that apply):

☐ Beer ☐ Wine ☐ Liquor

Does your business contain vending machines?

☐ YES ☐ NO If "YES," how many? _____

Does your business contain Pool Tables?

☐ YES ☐ NO If "YES," how many? _____

If "YES", do you ☐ OWN ☐ RENT

BUSINESS DATA

Date of West Virginia Incorporation: _____

Date Business Began: _____

Does Business own property on which it is located? ☐ YES ☐ NO

If "NO", list Name and Address of Owner: _____

Owner's Name

Mailing Address

City/State

Zip

Previous Business Name (if applies) _____

Previous Business Location _____

Previous Owner: _____

Owner's Name

Mailing Address

City/State

Zip

The applicant and/or business has read and understands all the information provided in this application and certifies, swears and attests that all the information provided within this application is true and correct to the best of his/her knowledge or belief.

Signature of Owner or Authorized Agent

Title

Date

REMIT THIS ORIGINAL APPLICATION AND PAYMENT TO THE ADDRESS AT THE TOP OF THIS FORM. PLEASE MAKE COPIES FOR YOUR RECORDS.

OFFICE USE ONLY

Zoning and Building information: Each application for a City License must be evaluated to ascertain that the address for business, activity, or trade is one at which such business, activity or trade is permitted by Zoning Ordinance and all other ordinances of the City of Fairmont, West Virginia.

1. Does this business conform to the current zoning? ☐ Yes ☐ No ☐ Legal Non-Conforming
2. Does this business need BZA approval? ☐ Yes ☐ No
3. Is a Business Inspection Required? ☐ Yes ☐ No

APPROVED BY:

Planning Department

Building Inspector

Fire Department

Date Approved

Date Approved

Date Approved